

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/914807

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1						51						
2	1						52						
3	2						53						
4	1						54						
5	1						55						
6	1						56						
7	1						57						
8	2						58						
9	1						59						
10	1						60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16	1						66						
17	1						67						
18	2						68						
19							69						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	18	↔	↔	↔			TOTAL DEP.	↔	↔	↔	↔		
TOTAL CLAIMS	21	████████	████████	████████			TOTAL CLAIMS	████████	████████	████████	████████		